DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/05/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 07		(X3) DATE SURVEY COMPLETED	
		155167	B. WING			02	/27/2014
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE NORTH				1105	EET ADDRESS, CITY, STATE, ZIP CODE 50 PRESBYTERIAN DR IANAPOLIS, IN 46236		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS		K	000			
	North, South and East conducted by the Ind Health in accordance Survey Date: 02/25/2 Facility Number: 000 Provider Number: 15 AIM Number: 10028 Surveyor: Mark Cara Specialist At this Life Safety Co Preoccupancy survey was found in complia Participation in Medic Subpart 483.70(a), Li 2000 Edition of the N Association (NFPA) 1 Building 0101 was su Existing Health Care IAC 16.2-3.1-19, Env Standards of the India for Comprehensive carenovated areas of B Building 0101, a one was determined to be construction and fully a fire alarm system we corridors and in all ar	y for the renovated Riley of wings in Building 0101 was iana State Department of with 42 CFR 483.70(a). 14 & 02/27/14 1084 15167 14600 Ther, Life Safety Code The and Environmental of the with Requirements for care/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, and 410 IAC 16.2. Treveyed with Chapter 19, Occupancies and with 410 ironment and Physical ana Health Facilities Rules are facilities in regard to the uilding 0101. Story building built in 1974,					
	provided with smoke	ms in Building 0101 are detectors hard wired to the					
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		155167	B. WING		(2/27/2014	
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE NORTH				STREET ADDRESS, CITY, STATE, ZIP CODE 11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236	N DR		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
K 000	fire alarm system. The 145 and had a censure survey.	ne facility has a capacity of so of 107 at the time of this	K 00	0			
	were sprinklered and services were sprinkle Quality Review by Ro	ents have customary access all areas providing facility ered. beet Booher, Life Safety cal Surveyor on 03/04/14.					
K 000	Building 0107 was co		K 00	O The state of the			
	Survey Dates: 02/25 Facility Number: 000 Provider Number: 15 AIM Number: 10028 Surveyor: Mark Cara Specialist	084 5167 4600					
	Preoccupancy survey was found in complia Participation in Medic Subpart 483.70(a), Li 2000 Edition of the N. Association (NFPA) 1 Chapter 18, New Heawith 410 IAC 16.2-3.1 Physical Standards o	de and Environmental r, Westminster Village North nce with Requirements for eare/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01,Life Safety Code (LSC), earth Care Occupancies and -19, Environment and f the Indiana Health comprehensive care facilities					

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		155167	B. WING _			02/27/2014		
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE NORTH			•	STREET ADDRESS, CITY, STATE, ZIP CODE 11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN O X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
K 000	in regard to Building (Control of the property	g identified as Building 0107 14 was determined to be of tion and fully sprinklered. s of a new dining room, addition to Memory Care. e alarm system with hard in the corridor and in all ridor. The facility has a ad a census of 107 at the tents have customary access all areas providing facility	K					